

# CLAIMS ONLY

Application Number

09/870 243

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7				2			57					
8				2			58					
9				2			59					
10				2			60					
11				2			61					
12				2			62					
13				2			63					
14				2			64					
15				2			65					
16				2			66					
17				2			67					
18				2			68					
19				2			69					
20				2			70					
21				2			71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			1				Total Indep					
Total Depend			31				Total Depend					
Total Claims			32				Total Claims					